



HOWARD COUNTY DEPARTMENT OF FINANCE

P.O. Box 3370

Ellicott City, Maryland 21041

410-313-4076

Division of Property Tax Accounting

FAX 410-313-4099

TDD 410-313-2323

APPLICATION FOR TAX DEFERRAL TAX YEAR BEGINNING JULY 1, 2017

1. Last Name First Name and Middle Initial		4. Full Name Spouse and/or Co-Owner living in the property	
2. Your Social Security Number		5. His/Her Social Security Number	
3. Your Birth Date and/or Disability		6. His/Her Birth Date and/or Disability	
7. Property Address (Number and Street)		8. City, Town or Post Office	9. Zip Code
10. Mailing Address if different from above (Attach explanation)		11. City, Town or Post Office	12. Zip Code
13. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed if so, date _____			
14. Parcel Number (located on tax bill underneath HC logo at top)	15. Date you began residing on this property		16. Daytime Telephone No. ()
17. You MUST list the name of every resident over 18 years of age in your household who is not a co-owner and who <u>cannot</u> be claimed as a dependent for IRS purposes. (If more space is needed, attach a separate list) If none, write NONE . Name _____ Relationship _____ Name _____ Relationship _____			
18. Report here the amount of reasonable fixed charges for room, board, rent or expenses paid by the persons listed in item 17. If none is paid, write NONE and then list the total gross income of such residents in Item 21, Column 3 (All Others) \$ _____ per Week Month \$ _____ per Week Month (circle one) (circle one)			
19. Is any portion of the property for which this application is being made used for: a) farming b) business c) a rental purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then circle which use (a,b,c) and indicate what percentage of the dwelling is used for residential purposes: _____ %			
20. a.) Total number of apartments in the property, including vacant apartments. _____ b.) Amount of rent received during previous year from tenants: Gross _____ Net _____			

<p>20. SOURCES OF INCOME CALENDER YEAR ENDING DECEMBER 31, 2016</p> <p>When a document is requested, please DO NOT send the original, send a copy. If no Social Security, Railroad Retirement or other pension benefits were received, then you must enter zero (0) in the appropriate space.</p>	(1) APPLICANT	(2) SPOUSE OR RESIDENT CO-OWNER	(3) ALL OTHERS	OFFICE USE ONLY
Wages, Salary, Tips, Commissions, Fees (Attach a copy of 2016 W-2)				
Interest (taxable and non-taxable)				
Dividends (taxable and non-taxable)				
Gross Capital Gains (Includes non-taxable gains)				
Rental Income (Net)				
Business Income (Net)				
Room & Board				
Unemployment Insurance and/or Worker' Compensation (Circle which)				
Alimony; Support Money; Public Assistance Grant (Circle which)				
Social Security (Attach copy of 2016 form SSA-1099); SSI Benefits (Circle which)				
Railroad Retirement (Attach copy of 2016 RRB)				
Other Federal Pensions per year (Attach a copy of 2016 1099-R Not including VA Benefits)				
Veteran's Benefits per year (Attach a copy of 2016 1099-R)				
Pensions and Annuities (Attach a copy of 2016 1099-R -If a rollover attach proof of deposit)				
IRA Distributions (Attach a copy of 2016 1099-R -If a rollover attach proof of deposit)				
Deferred Compensation (Attach a 2016 W-2 Statement)				
Inheritances; Gifts over \$300; Expenses Paid by Others (Circle which)				
All other income (indicate source)				
TOTAL GROSS INCOME FOR YEAR 2016				

22. Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2016? ☐ Yes ☐ No

If yes, a copy of your return (and if married filing separately, a copy of your spouse's return) with all accompanying schedules must be submitted with this application.

23. Notice of Lien to be sent to the following mortgagee or beneficiary:

(If more space is needed attach a separate list)

Mortgagee/Beneficiary _____

Loan Number _____

Address _____

Mortgagee/Beneficiary _____

Loan Number _____

Address _____

24. I declare under the penalties of perjury pursuant to Sec.1-201 of the Maryland Tax-Property Code Ann. that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true correct and complete, that I have reported all monies received, that I have a legal interest in this property, and that this dwelling has been my principal residence for more than five years. I understand that the Howard County Department of Finance may request at a later date additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. I also understand that intentionally providing false information on this application may subject me to criminal penalties and fines.

Further, I hereby authorize the Social Security Administration, Comptroller of the Treasury, Internal Revenue Service, the Income Maintenance Administration, Unemployment Insurance, the State Department of Human Resources, and Credit Bureaus to release to the Howard County Department of Finance any and all information concerning income or benefits received.

Applicant's Signature

Date

Spouse or Resident Co-owner's Signature